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Speaking the Truth in Love

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FAMILY TIES

PART I

Speaking the Truth in Love

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Most of us are often fearful. We fear being misunderstood. We fear revealing our true feelings and emotions. We don't want to overstep what is "acceptable" to say. We don't want to make anyone uncomfortable. We don't want to be rejected. Because of these fears, we find it difficult to risk talking about what matters the most in life. This is often the case when someone we love is facing a serious medical crisis.

Family members aren't the only ones who find these conversations difficult. A study of cancer patients showed that only 37 percent of doctors tell their patients how long they have to live, even when the patients ask for the information. Many doctors wrongly assume that talking about death will depress their patients, even though another recent survey showed those advanced cancer patients who discussed death with their doctors were no more likely to be depressed than others. However, only 31 percent of patients in that study even had such talks with their doctors![1]

Sadly, people can suffer from far more than the ravages of cancer. More than 20 percent of Medicare patients who have advanced cancer start a new chemotherapy regimen two weeks before they die. Unfortunately, aggressive, painful therapies that have no hope of helping a person extend their life for more than a short time often overwhelm the one with the critical illness, as well as their family.

We can be both emotional and practical resources to those whom we love. For example, for someone considering continued chemotherapy, it could be helpful to share this four-point scale.[2] A person at 0 or 1 may be a good candidate. If a person is at a 3 or 4, they usually should not receive chemotherapy because they will have little chance of benefit and experience more adverse effects.

0 Fully active

1 Restricted in physically strenuous activity but ambulatory (able to walk) and able to carry out light or sedentary work, such as light housework or office work

2 Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50 percent of waking hours

3 Capable of only limited self-care; confined to bed or chair more than 50 percent of waking hours

4 Completely disabled; cannot carry on any self-care; totally confined to bed or chair

These should be considered along with the type of cancer a person has, what organs are affected, the person's age, health and the adverse effects of treatment.

When the prognosis is poor, most really want to know how long they will likely live, what things will likely happen to them, and if there are other things they should be doing. They want to know how to put their estate and finances in order and how to pass on to their family important things about their own life.

If we were willing to take the first steps to begin the really important conversations, I wonder if some would be better prepared to face the end of their life on this Earth and better recognize that there is much good work to do in the last few weeks or months of a life. Continuing next month we will explore how to begin the really important conversations and how to be sure that we hear, and say, the most important things ... speaking the truth in love.

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1. Harrington, S. E., & Smith, T. J., "When Is Enough, Enough? The Role of Chemotherapy at the End of Life." *JAMA*. 2008:299(22)2667-2678. Retrieved from http://www.usatoday.com/news/health/2008-06-10-end-of-life-cancer_N.htm.

2. Zeller, J. L., Cancer Chemotherapy. *JAMA* Patient Page, June 11, 2008. 299:22. Retrieved from http://jama.ama-assn.org/.